



Department of Fire Services
Commonwealth of Massachusetts

Application/Permit for Supervised Display of Fireworks (FP-027)

This form shall be used as the application and permit for all supervised display of fireworks in the Commonwealth of Massachusetts.

A copy of this application and required documentation must be submitted to the head of the local fire department **at least twenty (20) days in advance of the proposed date of display** as required by 527 CMR 1.00: 1.12.8.39.2.2(1).

Required Documentation to be Submitted

- ☒ Diagram/site plan showing points where fireworks are to be discharged, location/distance to the audience, buildings, highways, overhead obstructions, etc. (handwritten maps are not acceptable; Maps must be Google, Bing, GIS)

- ☒ The number and description of the fireworks/pyrotechnics including the diameter of the shells.

A copy of the natural barrier letter from the State Fire Marshal's Office (if applicable).

- ☒ FAA, Coast Guard, or other agency approvals/notifications

One copy of this form and required documentation must be forwarded by the Head of the Fire Department to the State Fire Marshal (by email dfs.licensing@state.ma.us, fax, or mail) **not later than five (5) days after receipt of said application** as required by 527 CMR 1.00: 1.12.8.39.2.2(4).

Name of Sponsor: Northampton Arts, Inc. Phone #: 413.587.1069

Address of Sponsor: 240 Main St. #1 Northampton, MA. 01060

Location of Display (GPS coordinates): 42° 19' 04.34" N / 72° 37' 48.61" W

Nearest GPS Street Address to display set up: 85 Hampton Ave. Northampton, MA. 01060

Date of Display: December 31, 2021 Time of Display: 6:15 P.M. Rain Date: None

Largest Shell Size to be Fired 1.5-inch tubes Number of Aerial Shells: _____

Number of Ground Pieces: None Number of Cakes & Max. Diameter 61 Cakes & Strips

This Show Is: Public ☒ Private _____

Fireworks/Special Effects Company: Pyrotecnico Fireworks, Inc. Phone #: 800.854.4705

Current Users Certificate Number: PY-001012 Date of Expiration: 01/14/2022

Name of Competent Operator: Robert Gutowski

Certificate of Competency #: FW-004546 Expiration Date: 12/15/21

Company Supplying Fireworks: (if different from applicant user certificate listed above): _____

Manner and Location of Storage of Fireworks Prior to Display:

On site, in a D.O.T. approved vehicle, secured and placarded

Signature of Competent Operator: _____

Thomas Spence

Date: November 2, 2021

Facility Manager - Pyrotecnico Fireworks

I hereby certify that the competent operator named above has my approval and that in my opinion, the display described will be of such character, so located, discharged or fired as not to be hazardous to property or to endanger any person or persons. (G.L. Chapter 148, §39A)

☒ There are no changes to the natural barrier approval (no new developments, etc)

Restrictions:

Chief Officer on site upon Arrival of Fireworks
and an Engine Company Required for the display

Signature of Head of Fire Department: _____

[Signature]

Date: 11/3/21

This permit will expire at midnight on Jan 2, 2022

One copy of this form must be forwarded to the State Fire Marshal (electronically, mail or fax) no more than five (5) days after receipt of said application by the head of the fire department as required by 527 CMR 1.00: 1.12.8.39.2.2 (4).

For Fire Department Use Only

Before the Show

- ☐ Review DEP advisory on perchlorates
- ☐ Verify active license and company information at www.mass.gov/dfs (License Lookup)

Day of Show

- ☐ Pre show site inspection: Establish secured area with a suitable barrier such as snow fencing or equivalent (caution tape is not sufficient). Natural barriers, as approved by SFMO, have not changed. Secured area must be established and maintained from the arrival of the fireworks until the completion of the display.
- ☐ If using racks, determine that the rack placement conforms to the approved site.
- ☐ Check racks for correct spacing and stability. Check angling of mortars.
- ☐ If not using racks, determine that mortar tubes are sufficiently buried. Check angling of mortars.
- ☐ Determine weather and wind conditions just prior to display. If necessary conduct a test shot.
- ☐ All fireworks shall be fired electrically.

Following the Show

- ☐ A competent operator must ensure a search is made for any unignited shells and related materials immediately following the display and at the first available daylight.
- ☐ Upon completion of the search, a competent operator shall report all findings to the head of the local fire department.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		CONTACT NAME: PHONE (A/C No. Ext): 216-658-7100 E-MAIL: info@brittongallagher.com ADDRESS: info@brittongallagher.com		FAX (A/C No.): 216-658-7101
INSURED Pyrotechnico Fireworks Inc. P.O. Box 149 299 Wilson Road New Castle PA 16103		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Everest Indemnity Insurance Co.		10851
		INSURER B: Everest Denali Insurance Company		16044
		INSURER C: Arch Speciality Ins Co		21199
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1775261236

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	SI8ML00891-211	1/14/2021	1/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	SI8CA00141-211	1/14/2021	1/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS	Y	Y	UXP1035252-01	1/14/2021	1/14/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Liability #2	Y	Y	SI8EX01314-211	1/14/2021	1/14/2022	Each Occ/ Aggregate Total Limits \$5,000,000 \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Fireworks Display Date: December 31, 2021 / Rain Date: None

Location: EJ Gore Parking Garage - 85 Hampton Ave. Northampton, MA 01060

Additionally Insured: Northampton Arts, Inc. & City of Northampton, MA

CERTIFICATE HOLDER

CANCELLATION

Northampton Arts, Inc.
 Memorial Hall #1
 240 Main St.
 Northampton MA 01060

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

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ACORD 25 (2010/05)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Applied Risk Services, Inc.
10825 Old Mill Rd
Omaha, NE 68154

(877) 234-4420

CONTACT

NAME:

PHONE

(A/C, No, Ext): (877) 234-4420

FAX

(A/C, No): (877) 234-4421

E-MAIL

ADDRESS:

PRODUCER

CUSTOMER ID #

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Pennsylvania Insurance Co.

21962

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Pyrrotecnico Fireworks, Inc.
dba Pyrrotecnico
PO Box 149
New Castle, PA 16103-0149

CTL 1273 1664791

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIED PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP & PAGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	82-872096-04-26	06/07/2021	06/07/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Pyrrotecnico Fireworks Inc
PO Box 149
New Castle, PA 16103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

62533

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND


THIS IS TO CERTIFY that Bond No. 21BSBFX8422 issued by Hartford Fire Insurance Company dated this 1 day of February, 2011, in the amount of Fifteen Thousand Dollars and 00/100 Dollars (\$15,000.00), on behalf of Pyrotecnico Fireworks Inc. (as Principal), and in favor of The Commonwealth of Massachusetts (as Obligee), covers a term which began on the 1 day of February, 2011, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Hartford Fire Insurance Company

02/01/2021

BY:


Mark W. Edwards, II
Attorney-in-Fact

2/1/2021 – 2/1/2022

*Use current or renewal date.

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-288-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MCGRIFF INSURANCE SERVICES INC
Agency Code: 21-250036

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut |
| <input checked="" type="checkbox"/> | Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana |
| <input checked="" type="checkbox"/> | Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut |
| <input type="checkbox"/> | Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut |
| <input type="checkbox"/> | Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana |
| <input type="checkbox"/> | Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois |
| <input type="checkbox"/> | Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana |
| <input type="checkbox"/> | Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida |

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited :

Christopher C. Gardner of Union MS, R.E. Daniels, Shelby E. Daniels of Pensacola, FL, Robert Read Davis of Atlanta GA, Robert M. Verdin of Metairie, LA, Anna Childress, Mark W. Edwards II, Alisa B. Ferris, Robert R. Freel, Richard H. Mitchell, William M. Smith, Jeffrey M. Wilson of BIRMINGHAM, Alabama

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 1, 2021

Signed and sealed in Lake Mary, Florida.



Keith D. Dozola

Keith D. Dozola, Assistant Vice President



Northampton Arts, Inc.

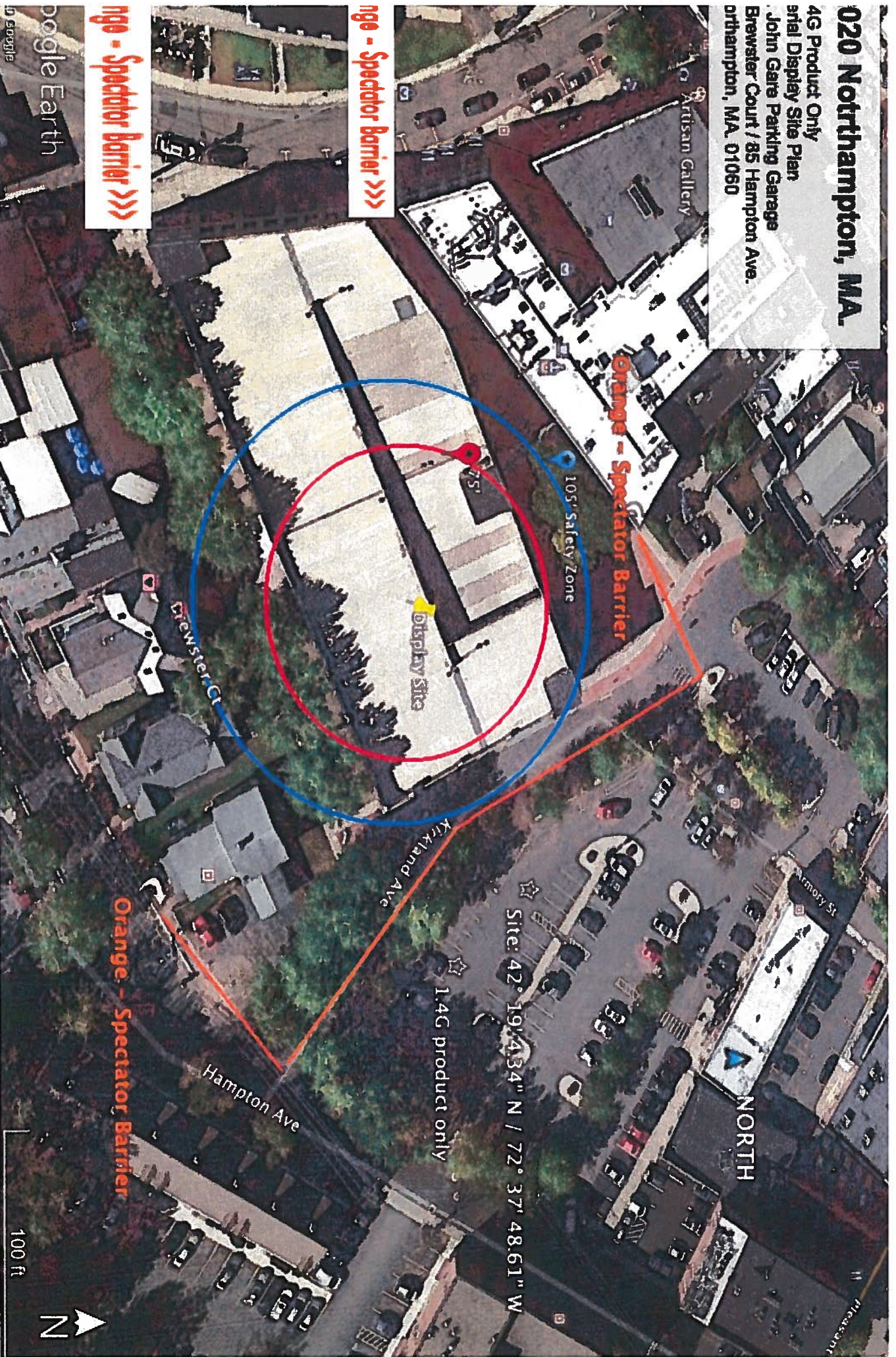
211231 Northampton Arts, Inc.

PYROTECNICO DIRECTORY

Role	Resource	E-mail	Mobile #	Office #
Purchasing	Nucerino, Lee A	lnucerino@pyrotecnico.com	724.813.0114	724.923.6613
Sales Coordinator	Killingsworth, Mary M	mkillingsworth@pyrotecnico.com	1 724.730.7037	724.923.6607
Show Producer	Raynor, Eugene G		603.321.0605	603.532.9323
Facility	Speeney, Tom	tspeeney@pyrotecnico.com	603.721.2700	800.458.4656
Equipment	Adam Nickerson	adam.nickerson@pyrotecnico.com	724.651.3443	
Logistics	Tim Kunkel	tkunkel@pyrotecnico.com	724.730.3969	724.923.6615

020 Northampton, MA.

4G Product Only
Aerial Display Site Plan
John Gare Parking Garage
Brewster Court / 85 Hampton Ave.
Northampton, MA. 01060



Cell #
43-584-5891

Department of Fire Services

FW-004546

Fireworks Certificate of Competency

Robert James Gutowski
448 Florence Road
Florence MA 01062



Expiration Date
12/15/2021

State Fire Marshal

Ben J. O'Sullivan



Northampton Arts, Inc.

211231 Northampton Arts, Inc.

SHELL / FINALE COUNT TOTALS

**Show Date 12/31/2021 / Display Duration: 8 - 10
minutes minutes**

Sales Order SO-C42226 / Work Order WO-3205

Group	Qty
CAKE STR	26
IGNITERS	60
MODULAR STRIP STR	24



Northampton Arts, Inc.

211231 Northampton Arts, Inc.

SHELL / FINALE COUNT TOTALS

Show Date 12/31/2021 / Display Duration: 8-10 minutes

Sales Order SO-C42226 / Work Order WO-4078

Group	Qty
- None -	9
IGNITERS	42



Northampton Arts, Inc.
211231 Northampton Arts, Inc.

EFFECT BREAKDOWN

SAFETY IS OUR #1 PRIORITY - SCAN TO REPORT ANY INCIDENTS OR NEAR MISSES



Show Date 12/31/2021 / Display Duration: 8 - 10 minutes minutes

Sales Order SO-C42226 / Work Order WO-3205

Order	Qty	Prod Type	Description	Qty	MfrType	Formation	#Mfts	#Pos	QtyPos	Notes
2	BODY	CAKE STR	25 STR TIME RAIN WILLOW GLIT CRK	2			1	2	1	
2	BODY	CAKE STR	25 STR WAVE WILLOW WHITE GLIT	2			1	2	1	
2	BODY	CAKE STR	25 STR TIME RAIN WILLOW GLIT CRK	2			1	2	1	
2	BODY	CAKE STR	25 STR PEONY RED + BLUE	2			1	2	1	
2	BODY	CAKE STR	25 STR PALM TREE PURPLE TL + GREEN STROBE	2			1	2	1	
2	BODY	CAKE STR	25 STR ORANGE GREEN YELLOW PEONY DRAGON EGGS	2			1	2	1	
2	BODY	CAKE STR	25 STR CRK PALM TREE CRK TL	2			1	2	1	
2	BODY	CAKE STR	25 STR BLUE TL>RED STROBE PIST TIME RAIN SG	2			1	2	1	
2	BODY	CAKE STR	19 STR BLUE PIST YELLOW STROBE COCO	2			1	2	1	
2	BODY	CAKE STR	19 STR GREEN TL>GREEN STROBE PURPLE	2			1	2	1	
2	BODY	CAKE STR	19 STR GREEN TL>PEACH BRIGHT YELLOW AQUA DAHLIA	2			1	2	1	
2	BODY	CAKE STR	19 STR RED TL RED PIST WHITE	2			1	2	1	
2	BODY	CAKE STR	19 STR RED TL>CHRYSS FLOWERS	2			1	2	1	
3	FINALE	MODULAR STRIP STR	7 STR BOMBETTE MULTICOLOR W/MULTICOLOR MINE ALL FIRE	8			1	8	1	ALTERNATE 2 MULTIS THEN 1 CRACKLIN
3	FINALE	MODULAR STRIP STR	7 STR BOMBETTE RED + BLUE W/TL ALL FIRE	8			1	8	1	ALTERNATE 2 RED BLUES THEN 1 CRACK
3	FINALE	MODULAR STRIP STR	7 STR MINE CRACKLING ALL FIRE	8			1	8	1	MIXED IN WITH OTHER 7 SHOTS
		IGNITERS	ELECTRIC MATCH 5 METER	60						



Northampton Arts, Inc.
211231 Northampton Arts, Inc.

EFFECT BREAKDOWN

SAFETY IS OUR #1 PRIORITY - SCAN TO REPORT ANY INCIDENTS OR NEAR MISSES



Show Date 12/31/2021 / Display Duration: 8-10 minutes

Sales Order SO-C42226 / Work Order WO-4078

Order	Cue	Prod Type	Description	Qty	HitType	Formation	#Hits	#Pos	QtyPos	Note
2	BODY		WICKED PYRO PRO SERIES #3	1			1	4	1	
2	BODY		INDIVISIBLE	1			1	6	1	
2	BODY		SUNSET BOULEVARD	1			1	4	1	
2	BODY		BALLISTIC BOMB	1			1	4	1	
2	BODY		ALL IN	1			1	6	1	
2	BODY		WICKED PYRO PRO SERIES #6	1			1	4	1	
2	BODY		FIREFLY	1			1	2	1	
2	BODY		KALEIDOSCOPE EYES	1			1	6	1	
2	BODY		PYROPSYCHOSIS	1			1	6	1	
		IGNITERS	ELECTRIC MATCH 5 METER	42						

E-MAILED
11-1-2021



U.S. Department
of Transportation

Eastern Service Center
Operations Support Group
AIV-E2

1701 Columbia Ave.
College Park, GA 30337

FIREWORKS DISPLAY NOTIFICATION

Company Name: Pyrotecnico Fireworks, Inc
Email Address of Person Submitting Request: rflowers@pyrotecnico.com
Cell Phone Number for On-Site Technician: 800.854.4705
Event Name: Northampton Arts, Inc - NYE Display
Display Date: December 31, 2021 Rain Date: none
Display Start Time: 6:15 P.M.
Duration of Fireworks Display: 15 - 18 minutes
Max Height of Fireworks: 100' AGL
Address, City and State: 85 Hampton Ave. Northampton, MA. 01060
Latitude: 42° 19' 04.34" N (North) Longitude: 72° 37' 48.61" W (West)
List the Closest Public Use Airport Within 5 Nautical Miles of the Display if the Fireworks Will Reach or Exceed 500 Ft. Not Applicable
Special Notes _____

Please email your request to:

9-ATO-ESA-OSG-Fireworks@faa.gov



The Commonwealth of Massachusetts
Department of Fire Services

Pyrotechnic User Certificate

PY-001012

This is to certify that in accordance with all Massachusetts laws and regulations a
Pyrotechnic User Certificate is hereby issued to:

Expiration Date: 01/14/2022

Restrictions or Secondary License Type:

**Pyrotecnico Fireworks, Inc.
PO Box 149
New Castle PA 16103**

State Fire Marshal

A handwritten signature in black ink, appearing to read "Peter J. O'Sullivan".

Post in a conspicuous place. Verify the status of this Certificate at www.mass.gov/dfs

Department of Fire Services

**Permit to Transport Fireworks
TF-004053**

This is to certify that in accordance with all Massachusetts laws and regulations a
Permit to Transport Fireworks is hereby issued to:

Expiration Date: 07/25/2022

Restrictions or Secondary License Type:

**Pyrotecnico Fireworks, Inc.
PO Box 149
New Castle PA 16103**

State Fire Marshal



Post in a conspicuous place. Verify the status of this Certificate at www.mass.gov/dfs

Permit to Transport Fireworks

TF-004053

Expiration Date: 07/25/2022

**Pyrotecnico Fireworks, Inc.
PO Box 149
New Castle PA 16103**

Restrictions or Secondary License Type: